

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 6 | 3 21-01 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|-------------------|-------|
| Final Original | |
| 1 | 21 02 |
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| 3 | ✓ |
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| Claim | Date |
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| Claim | Date |
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| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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